

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number:	SS-101.P.1
	First Named Inventor:	SHAW, Sheila
	COMPLETE IF KNOWN	
	Application Number:	To be determined
	Filing Date:	Herewith
[X] Declaration Submitted with Initial Filing, OR	Group Art Unit:	To be determined
[] Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e) required)	Examiner:	To be determined

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PERITONEAL DIALYSIS SECURITY BAND AND METHODS OF USE

the specification of which

[X] is attached hereto

OR

[] was filed on _____ as United States Application Number _____ or PCT International Application Number _____ and was amended _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above- identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date	Certified Copy Attached?	
			YES	NO

[] Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:		
Applicati n Number(s)	Filing Date	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application		
U.S. Parent Application or PCT Parent Number	Parent Fling Date	Parent Patent Number (if applicable)
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B		

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected herewith:			
<input type="checkbox"/> Customer Number _____ OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below:			
Name	Registration Number	Name	Registration Number
David R. Preston	38,710	Raymond Wagenknecht	50,948
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <u>24232</u> or Bar Code Label <input type="checkbox"/> [Attached Bar Code Label] OR <input type="checkbox"/> Correspondence address below:					
Name	David R. Preston & Associates				
Address	David R. Preston				
Address	12625 High Bluff Drive, ste 205				
City	San Diego	State	California	Zip Code	92130
Country	USA	Telephone	858.724.0375	Facsimile	858.724.0384

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle, if any)				Family Name or Surname			
Sheila				Shaw			
Inventor's Signature						Date	
Residence: City	Tracy	State	CA	Country	USA	Citizenship	USA
Post Office Address	Patients' Pride 2856 Samantha Ct Suite H						
City	Tracy	State	CA	Zip Code	95377	Country	USA
<input type="checkbox"/> Additional inventors are being named on the__ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							